

# Substitute

☒ NC

Collaborator if any none Artist Marie Dares (Mrs. J. A.)  
FIRST NAME LAST NAME  
Address 1490 Orchard Grove Ave, Lakewood, 7, Cuyahoga Tel. LA.1-2922  
NO. STREET CITY ZONE COUNTY

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

Substitutes. I injured my shoulder in an accident and have not been able to work.

Use second blank if required

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Marie Daras (Mrs. J. A.)  
SIGNATURE